

Troy Strawberry Festival STRAWBERRY CHALLENGE

Sponsored by: COATE CONSTRUCTION

JUNE 1-4, 2000



Coordinated By:



Miami County YMCA
Piqua Branch
223 W. High St., Piqua
Robinson Branch
3060 S. County road 25-A, Troy

Team Fees:

Registration on or before May 1 - \$50.00

Registration after May 1 - \$65.00

NO TEAMS ACCEPTED AFTER MAY 20, 2000

Rules & Eligibility

1. Teams consist of 5 people - at least 2 women, at least 3 over the age of 18, no younger than 16 years of age.
2. Each team must identify a team captain responsible for all event communications and attendance at all Captain's meetings.
3. Participants may compete on one team only.
4. Teams may consist of organizations, co-workers, church groups, etc.

Captain's Meetings

Thursday, May 4 & Tuesday, May 23 at the Miami County YMCA Robinson Branch at 7:00 p.m.

For more information contact:

Enian Phillips at (937) 440-9622

SCHEDULE OF EVENTS

Thursday, June 1: at Miami County YMCA Robinson Branch

5:30 p.m. Welcome & Event Opening Ceremony

6:00 p.m. Banner Competition

7:30 p.m. Aqua Games

9:00 p.m. Kick-off Cookout.

Friday, June 2: at Strawberry Festival

7:00 p.m. Bed Races

Saturday, June 3: at Strawberry Festival

8:00 a.m. Parade

11:00 a.m. Water Ball

1:30 p.m. Pie Eating

2:30 p.m. Obstacle Course

3:30 p.m. Frisbee Throw

4:30 p.m. TBA

Sunday June 4: at Strawberry Festival

11:00 a.m. To Be Announced

1:00 p.m. Tug of War

3:00 p.m. Aqua Launch

4:30 p.m. Awards Ceremony & Closing



2000 STRAWBERRY CHALLENGE APPLICATION & WAIVER

It is expressly agreed and understood that the Troy Strawberry Festival, The City of Troy, The Miami County YMCA, and all other groups, organizations, and individuals associated with the Strawberry challenge shall not be held responsible for any losses or injuries before, during and after any of the Strawberry Challenge Events and the above said parties are released from any liability.

PLEASE PRINT

Organization Name _____

Team Captain _____ Birthday _____ SEX: Male or Female

Street Address _____ City _____ Phone _____

Team Members:

Name _____ Birthday _____ SEX: Male or Female

If under 18, parent/Guardian Signature _____

Name _____ Birthday _____ SEX: Male or Female

If under 18, parent/Guardian Signature _____

Name _____ Birthday _____ SEX: Male or Female

If under 18, parent/Guardian Signature _____

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If under 18, parent/Guardian Signature _____

Please Return Application & Waiver to: Troy Strawberry Challenge, P.O. Box 56, Troy, OH 45373

Make Checks Payable to: Troy Strawberry Festival